

School Name : _____

Charter Number: _____

Additional Information for New and Continuing Charter Schools That Choose to Establish Direct Funding for 2001-2002 (Yellow Form)

(Please see attached instructions.)

If you have chosen to receive funding directly, you may be eligible to receive additional funding for federal and state categorical programs that are not included in the block grant. (Locally funded charter schools are eligible for these funds through their authorizing agency.) In order to be considered for these funds, the school must meet program eligibility requirements and agree to meet all program operation and reporting requirements necessary for receipt of such funds. A summary of program information is enclosed. Please provide the following information:

I. Title I—To be completed only by continuing charter schools that were in operation in fiscal year 2000-2001 and are choosing to establish direct funding in fiscal year 2001-2002 (i.e., continuing charter schools that checked Box B of Section VII of the funding survey).

Did your charter school receive any Federal Title I funding from your authorizing agency in the 2000-2001 school year?

1. ☐ Yes ☐ No

2. If yes, please indicate the Title I funding amount provided to you from your district for the prior school year. **Include** the amount of any indirect Title I cost of your grant that was reserved by your district for administrative overhead. **Exclude** the amount of your grant, if any, that was attributable to prior year's carry-over funding. Your district financial officer may need to assist you with this information.

Adjusted total Title I Grant received in prior year: \$ _____

II. Enrollment Information—To be completed by newly operational charter schools that were NOT in operation in fiscal year 2000-2001, or continuing charter schools that did not participate in the October 2000, California Basic Educational Data System (CBEDS) survey.

On the chart provided on page two, please indicate estimated enrollment figures and the name of each school district in which pupils in the charter school reside. For each district, provide the total number of pupils, and the total number of pupils who meet each criterion. (Feel free to copy this form if additional rows are needed.) See instructions for eligibility criteria.

Charter Number: _____

CD Code of District of Residence (xx-xxxxx)	District Name (Of District Where Pupils Reside)	A. Total Pupils Enrolled from District	B. Total Number of Children (ages 5-17) of CalWORKs Recipients	C. Total Number Eligible for Free and Reduced Price Meals
TOTAL				

III. Participation in Federal and State Formula-Based Programs Not Included in the Block Grant—To be completed by all new and continuing charter schools choosing to establish direct funding for 2001-2002.

Below is a list of several formula-based programs for which you may be eligible to receive funding. Please place a check next to each program **for which you intend to apply**. Checking the program on this form does not ensure funding or eligibility. **You are required to complete the Consolidated Application to actually receive these funds if you are eligible (see Yellow Form instructions).** A brief summary of each program and the CDE contact is enclosed. Charter schools must comply with all program and record-keeping provisions required by the specific program.

- ☐ Title I, Part A- Helping Disadvantaged Children
- ☐ Title II, Eisenhower Professional Development
- ☐ Title IV, Safe and Drug-Free Schools and Communities
- ☐ Title VI, Innovative Education Program Strategies
- ☐ Tobacco Use Prevention Education (TUPE)

IV. Certification-

This form must be accompanied by the certification required in Section XI of the Charter Schools Information Sheet and Funding Survey for 2001-2002.